



STATEMENT

AMESBURY POLICE DEPARTMENT
AMESBURY, MASSACHUSETTS

INCIDENT NUMBER _____

OFFICER _____ ID# _____

IDENTITY OF PERSON
MAKING THIS STATEMENT

I, _____

make the following voluntary statement at: TIME: _____ DATE: _____

ROLE

LAST, FIRST, MIDDLE NAME

RACE

GENDER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

LICENSE STATE

RESIDENCE ADDRESS, CITY, STATE, ZIP CODE

HOME PHONE

CELL PHONE

OCCUPATION, PLACE OF EMPLOYMENT, ADDRESS, CITY, STATE, ZIP CODE

WORK PHONE

STATEMENT

SIGNATURE

I have read the above and forgoing statement and have been given the opportunity to make any corrections or changes I might want to make. The changes which I have made are initialed by me in my own handwriting.

X _____

SIGNATURE OF PERSON MAKING THIS STATEMENT

DATE / TIME

REPORTING OFFICER

ID#

STATEMENT FORM CONTINUED

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DATE / TIME

DATE / TIME